



THE COMMONWEALTH OF MASSACHUSETTS

Department of Industrial Accidents

600 Washington Street, 7th Floor
Boston, Massachusetts 02111

MITT ROMNEY
Governor

HENRY J. SWINIARSKI
Commissioner

KERRY HEALEY
Lieutenant Governor

From:

Mail To:

COLA Processing
DIA Office of Administration
P.O. Box 9104, Essex Station
Boston, MA 02112-9104

Dear Sir or Madam:

Attached please find a request, pursuant to M.G.L. c. 152, Section 65 (as amended by Chapter 572 of the Acts of 1985), for Cost of Living Adjustment (COLA) reimbursements for COLA's paid on behalf of _____ claimants totaling \$_____. This request is being submitted for the following category **ONLY:**

_____ **Injuries occurring on or before 10/1/86**

_____ **Injuries occurring after 10/1/86**

I hereby certify under pains and penalties of perjury that all laws of the Commonwealth of Massachusetts governing assessments and regulations thereof have been complied with and observed, and that all information is, to the best of my knowledge, correct.

SIGNED: _____ **NAME:** _____

TITLE: _____ **PHONE #:** _____

DATE: _____

FOR INTERNAL USE ONLY

COMMENTS:

PAYMENT APPROVED _____
DATE: _____